

<b>CLAIMS ONLY</b>							SERIAL NO.		FILING DATE						
							APPLICANT(S)								
<b>CLAIMS</b>															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		#	IND.	DEP.	#	IND.	DEP.	#	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.									
1	/						51								
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9							59								
10							60								
11							61								
12							62								
13							63								
14							64								
15							65								
16							66								
17							67								
18							68								
19							69								
20							70								
21							71								
22							72								
23							73								
24							74								
25							75								
26							76								
27							77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	/		⬇				TOTAL IND.			⬇					
TOTAL DEP.	/		⬇				TOTAL DEP.			⬇					
TOTAL CLAIMS	/						TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy